

P05000 026 477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

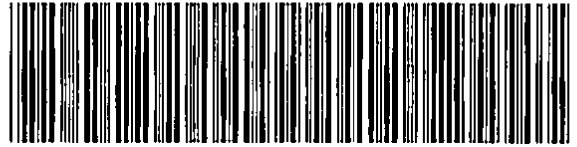
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/12/19 2:10:11 PM \$435.00

AUG 12 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 22 2017  
C. M. K. R.

CLAS Information Services  
2020 Hurley Way, Suite #350 Sacramento CA 95825  
Tel: (800) 447-6237

Job Number: 365844-6671

Date: 8/7/2019

2019 AUG 12 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Name: HMC HEALTHWORKS, INC.**

Request For: Florida

TYPE OF FILING: Change of Agent

Special Instructions:

Please file the attached upon receipt. We have enclosed check #79112 in the amount of \$35.00. Please call with any questions. Thank you in advance for your assistance.

Sincerely,

Judy Culver

Florida Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HMC HEALTHWORKS, INC.  
2. The principal office address: 140 INTRACOASTAL POINTE DRIVE, SUITE 301  
JUPITER, FL 33477  
3. The mailing address (if different): 181 COMMODORE DRIVE, JUPITER, FL 33477

4. Date of incorporation/qualification: 02/18/2005 Document number: P05000026477

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JANIS S DI MONACO

181 COMMODORE DRIVE

JUPITER, FL 33477

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI SERVICES, INC.

1200 SOUTH PINE ISLAND ROAD

P.O. Box, NOT acceptable

PLANTATION, FL 33324

REC'D AUG 12 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

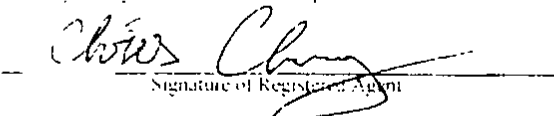
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

JANIS S. DIMONACO, PRESIDENT

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

8/7/2019  
Date

If signing on behalf of an entity:

CHRISTOPHER CHEUNG, ASSISTANT SECRETARY

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*